


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000081967  
 1. Entity Name  
 UNITED AMERICAN SIGNS, INC.



Principal Place of Business  
 16631 SCHEER BLVD  
 HUDSON, FL 34667

Mailing Address  
 5401 CENTRAL AVE  
 SAINT PETERSBURG, FL 33710

**DO NOT WRITE IN THIS SPACE**



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 81-0563303

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCATEE, CAROL  
 5401 CENTRAL AVE  
 ST PETERSBURG, FL 33710

**DO NOT WRITE IN THIS SPACE**

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

000000092345  
 03/19/04-80005-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COOPER, SIDNEY P 1642 LAGO VISTA BLVD PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COOPER, JOSHUA L 1642 LAGO VISTA BLVD PALM HARBOR, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Sidney P. Cooper 3/19/04 727-862-7953  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #